



**United States District Court
Southern District of New York
*Pro Se Office***

Pro Se (Nonprisoner) Consent & Registration Form to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

1. Sign up for a PACER login and password by contacting PACER¹ at www.pacer.uscourts.gov or 1-800-676-6856;
2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail. Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, *you should print or save the document during the "free look" to avoid future charges.*

IMPORTANT NOTICE

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

1. You will no longer receive documents in the mail;
2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
3. This service does *not* allow you to electronically file your documents;
4. It will be your duty to regularly review the docket sheet of the case.²

¹ Public Access to Court Electronic Records (PACER) (www.pacer.uscourts.gov) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

² The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.



**United States District Court
Southern District of New York
*Pro Se Office***

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
2. I have established a PACER account;
3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

Civil case(s) filed in the Southern District of New York:

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number (for example, John Doe v. New City, 10-CV-01234).

New Case

Thompson, Cassandra, T

Name (Last, First, MI)

8801 Fifth Avenue 90456 Brooklyn

Address

City

NY

State

11209

Zip Code

718-916-9148

Telephone Number

sunji3@aol.com

E-mail Address

April 28, 2022

Date

Signature

Return completed form to:

Pro Se Office (Room 200)
500 Pearl Street
New York, NY 10007

UNITED STATES DISTRICT COURT

for the

Southern District of New York



Division

Cassandra Thompson

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Denis R. McDonough, Secretary, Department of
Veterans Affairs.

Christine Carballo, Chief Material Management,
Department of Veterans Affairs.

Michael Ingino, Associate Director, Dept. of VA

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Cassandra T. Thompson
Street Address	8801 Fifth Avenue, 90456
City and County	Brooklyn
State and Zip Code	New York 11209
Telephone Number	(718) 916-9148
E-mail Address	sunji3@aol.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Denis R. McDonough
Job or Title <i>(if known)</i>	Secretary, Department of Veterans Affairs Agency
Street Address	810 Vermont Avenue N.W.
City and County	Washington
State and Zip Code	District of Columbia 20420
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	Christine Carballo
Job or Title <i>(if known)</i>	Chief, Material Management, Department of Veterans Affairs
Street Address	810 Vermont Avenue N.W.
City and County	Washington
State and Zip Code	District of Columbia 20420
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	Michael Ingino
Job or Title <i>(if known)</i>	Associate Director, Department of Veterans Affairs
Street Address	810 Vermont Avenue N.W.
City and County	Washington
State and Zip Code	District of Columbia 20420
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Department of Veterans Affairs-VHA-NYHHCS
Street Address	800 Poly Place
City and County	Brooklyn
State and Zip Code	New York 11209
Telephone Number	

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law (specify the federal law):

All applicable Federal Discrimination/Retaliation & Protection Laws; Law 215; Law 740 / 741; EP,



Relevant state law (specify, if known): New York State Human Rights Law

All applicable state discrimination/retaliation & protection laws; Law 215, Law 740 / 741, EPA, NY Exec Law §§ 290 to 297



Relevant city or county law (specify, if known): New York City Human Rights Law, Code §§ 8-101 to 8-131

All applicable city or country discrimination/retaliation & protection laws; 215; 740/741; EPA



42 USC § 1981



Rehabilitation Act of 1973, 29 USC §§ 701 to 796



Family and Medical Leave Act of 1993, 29 USC §§ 2601 to 2654

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☒ Failure to hire me.
 - ☐ Termination of my employment.
 - ☒ Failure to promote me.
 - ☒ Failure to accommodate my disability.
 - ☒ Unequal terms and conditions of my employment, *different from those of similar employees*
 - ☒ Retaliation. *against me*
 - ☒ Other acts *(specify):* *EPA, harassed me or created a hostile work environment. Unfair Labor Practices.*
- (Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)
June 2010 to present April 2022.

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race see complaint
- ☒ color see complaint
- ☒ gender/sex see complaint
- ☐ religion _____
- ☐ national origin _____
- ☐ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*
see complaint

E. The facts of my case are as follows. Attach additional pages if needed.

See continuation document: Filed discrimination EEOC case which was decided in favor of defendant due to my inability to process any actions due to medical complications and severe motor vehicle accident that left me incapacitated from Dec 2020-Mar 2021 & Aug 2021 through April 2022. Prior, all evidence was removed and my access taken away preventing me from retrieving pertinent info for submission w/case. Documents submitted were not provided appropriately by ORM along w/mishandling of complaint. Also, EEOC was notified of medical circumstance and still closed case. Endured on-going discrimination & continued retaliation & unfair labor practices from the Depart. of V.A. Denial of pay, fair/any appraisals, falsifying of reprimands, false accusations, hostile-work environment, creating inter-office conflict. unfair equal pay for equal duties performed. removal of duties. not

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

March 2018 with Agency Office of Resolution Management/ EEO and with EEOC as a formal complaint around April to August 2018. In 2015, 2017, 2018, 2020, 2021

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date) 03/19/2022 Feb 10, 2022

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Complete accountability by leadership and Agency for discrimination and retaliation actions against me, compensation for lost wages, front pay, damages, emotional distress, pay increase of GS9 and GS 11 worked for more than one year; promotion to higher pay-grade performed; removal of all derogatory appraisals/report of contacts/or any false accusations or deffamation of character and work ethics; fair assesement of appraisals from June 2010 to April 2022; training for leadership; further investigation by Federal, state, and local agencies regarding unfair labor practices, abuse of power and position, whistleblower protection actions, more to follow.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 04/28/2022 - April 26, 2022

Signature of Plaintiff

Printed Name of Plaintiff


Cassandra Thompson

B. For Attorneys (pending)

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Continuation of Statement for Complaint.

Filed discrimination EEOC case which was decided in favor of defendant due to my inability to process any actions due to medical complications and severe motor vehicle accident that left me incapacitated from Dec 2020-Mar 2021 & Aug 2021 through April 2022. Prior, all evidence was removed, and my access taken away preventing me from retrieving pertinent info for submission w/case. Documents submitted were not provided appropriately by ORM along with mishandling of complaint. Also, EEOC was notified of medical circumstance and still closed case. Endured on-going discrimination & continued retaliation & unfair labor practices from the Depart. of V.A. Denial of pay, fair/any appraisals, falsifying of reprimands, false accusations, hostile-work environment, creating inter-office conflict, unfair equal pay for equal duties performed, removal of duties, not compensated for additional duties of higher pay, exclusion instead of inclusion; defamation of character, intentional severe emotional distress, refusal of promotion and recognition/awards as of equal white, male co-workers/colleagues. Prevention of over-time, increased pay; failure to provide appraisals and sabotaging of work and undermining work ethics. Retaliation for reporting unethical or illegal violations of policy and regulations, reprimanded for processing work in accordance with policy, falsifying evidence in EEO cases.

A handwritten signature in dark ink, consisting of a large, stylized loop followed by a horizontal line. To the right of the signature, the date "4/25/2022" is handwritten.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Cassandra Thompson

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Denis R. McDonough, Secretary, Department of Veterans Affairs

Christine Carballo & Michael Ingino, Department of Veterans Affairs

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☒ Yes ☐ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: 0.00

If "no," what was your last date of employment? _____

Gross monthly wages at the time: 2400.00

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

- (a) Business, profession, or other self-employment
(b) Rent payments, interest, or dividends

☐ Yes ☒ No
☐ Yes ☒ No

- | | | |
|---|---|--|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Additional employment, \$1000.00

If you answered "No" to all of the questions above, explain how you are paying your expenses:

Currently not receiving income from current main employer who is defendant due to continue retaliation. Have not been paid since Aug 2021.

4. How much money do you have in cash or in a checking, savings, or inmate account?
0.00
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
Stock. \$1500
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
Rent: 1742.00, Utilities:3000.00, Transportation-\$200-300, Medical: 900,000.00; Credit:7000.00, Student Ln: 30,000.00; Misc:15000.00; Pers Ln
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

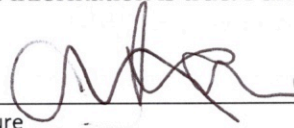
Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

4/28/2022

Dated

Thompdon, Cassandra, T.

Signature



Name (Last, First, MI)

8801 Fifth Ave 90456

Prison Identification # (if incarcerated)

Brooklyn

NY

11209

Address

City

State

Zip Code

718-916-9148

sunji3@aol.com

Telephone Number

E-mail Address (if available)

UNITED STATES DISTRICT COURT

for the

Southern District of New York



Cassandra Thompson

Plaintiff/Petitioner

v.

Denis R. McDonough, Secretary, Depart. of V.A.

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: n/a

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

Department of Veterans Affairs
800 Poly Place
Brooklyn, NY 11209

My gross pay or wages are: \$ 1,200.00 , and my take-home pay or wages are: \$ 0.00 per
(specify pay period) last 6 mths

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|---|--|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Secondary employment Amazon
Amazon Corporation
410 Terry Ave N, Seattle 98109, WA
500.00 as of April 2022.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: \$ 0.00 .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

Stock 1700.00.

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

Rent: 1742.00	Mis: 15000.00
Utilities: 3000	Personal Loan: 2500.00
Transportation: 200-300	Auto Loan: 25,000.00
Medical: 900,000.00	
Credit: 7000.00	
Student Loans: 30,000.00	

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

04/08/2022 April 26, 2022



Applicant's signature

Cassandra Thompson

Printed name

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Cassandra Thompson

(List the full name(s) of the plaintiff(s)/petitioner(s).)

____ CV _____ (____) (____)

-against-

Application for the Court to
Request Pro Bono Counsel

Denis R. McDonough, Secretary, Department of Veterans Affairs

(Dept. of VA)

Christine Carballo, Dept. of VA

Michael Ingino, Dept. of VA

(List the full name(s) of the defendant(s)/respondent(s).)

I ask the Court to request a *pro bono* attorney to represent me in this action. In support of my application, I declare under penalty of perjury that the following information is true and correct:

1. Have you previously filed a "Request to Proceed in Forma Pauperis" (an IFP application)?

Please check the appropriate box below:

- ☐ I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.
- ☒ I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.
- ☐ I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for *pro bono* counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.) If you asked for an attorney earlier in this case, please also explain what has changed since you last asked for an attorney.

Due to the continued retaliation and hostile work-environment on discriminatory case (s), I have not received a fair opportunity for pay grade and position increase. Also, with the continued unethical retaliation and actions taken against me by the Agency, I have not been paid since August of 2021 after injuries from motor vehicle accident that left me incapacitated and hospitalize, homecare, and recovery from August 2021 to April 2022. Actions that Agency has taken and continues to take that violates all EEO has caused an undue financial hardship and caused and increase in decline of medical condition. I currently can not afford representation given I have five EEO cases pending with the Agency and not receiving fair pair or considerstaions given the retaliation.

3. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

I have reached out to numerous law firms who either advised they don't handle federal cases, or required a large retainer fee upfront that I do not have. I researched for pro-bono and each one advised they don't process federal cases and the only option that was a potential was legal assistance for Veterans like myself, however, they could not assist in a case against the VA since they are partnered with them. In addition, continued retaliation during Covid 19 pandemic where I was not compensated appropriately for essential front line duties and work performed. Financial burden hardship.

4. If you need an attorney who speaks a language other than English, state what language(s) you speak: _____.
5. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.
6. I understand that even if the Court grants this application, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.
7. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

28 April 2022

Date

Thompson, Cassandra, T

Name (Last, First, MI)

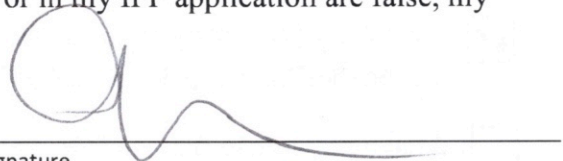
8801 Fifth Avenue, 90456

Address

(718) 916-9148

Telephone Number

Signature



Prison Identification # (if incarcerated)

Brooklyn

City

NY

State

11209

Zip Code

sunji3@aol.com

E-mail Address (if available)